

HEALTH AND WELLBEING BOARD

22 November 2016

Title:	Health and Wellbeing Outcomes Framework Performance Report – Quarter 2 2016/17 (July to September 2016)		
Report of the Director of Public Health			
Open Report		For Decision	
Wards Affected: ALL		Key Decision: No	
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Sponsor: Matthew Cole, Director of Public Health, London Borough of Barking and Dagenham			
Summary: <p>In order to track progress across the wide remit of the Health & Wellbeing Board, the Board has agreed an outcomes framework which prioritises key issues for the improvement of the public's health and their health and social care services. This high-level dashboard is monitored quarterly by the Board, and this report forms the account of performance at the end of Quarter 2 (to end September 2016).</p> <p>Additionally for this quarter, we now have the data available to be able to report on a comparison of the annual outturn performance against the Adult Social Care Outcomes Framework against our 'near neighbour' boroughs and London as a whole. This is included as an appendix, with highlights summarised in the body of the report.</p>			
Recommendation(s) Members of the Board are recommended to:			
<ul style="list-style-type: none">• Review the overarching dashboard and raise any questions with lead officers, lead agencies or the chairs of subgroups as Board members see fit.• Note the detail provided on specific indicators, and to raise any questions on remedial actions or actions being taken to sustain good performance.			
Reason(s) The dashboard indicators were chosen to represent the wide remit of the Board, whilst remaining a manageable number of indicators. It is, therefore, important that Board members use this opportunity to review key areas of Board business and confirm that effective delivery of services and programmes is taking place. Subgroups are undertaking			

further monitoring across the wider range of indicators in the Health and Wellbeing Outcomes Framework. When areas of concern arise outside of the indicators ordinarily reported to the Board, these will be escalated as necessary.

1 Introduction

1.1 The Health & Wellbeing Board has a wide remit, and it is therefore important to ensure that the Board has an overview across this breadth of activity. The indicators included within this report show performance of the whole health and social care system. Added to the Barking & Dagenham Health and Wellbeing Strategy Outcomes Framework are indicators from the Local A&E Delivery Group's Urgent Care Dashboard. A companion report provides an overview of quality indicators, including CQC inspections reported during quarter 2 on local primary, hospital and social care services.

2 Structure of the report, and the key performance indicators selected

2.1 The following report outlines the key performance indicators for the Health and Wellbeing performance framework. The indicators are broken down across the life course for:

- Children;
- Adolescence;
- Adults;
- Older people; and
- Across the life course.

2.2 All indicators are rated red, amber or green as a measure of success and risk to end-of-year delivery, and any indicator that is RAG rated as red or that has seen a significant change has additional commentary available in Appendix B, unless this analysis has been recently provided to the Board. Board members should note, therefore, that this means the covering report text is focused significantly on poor performance in order to highlight what needs improving, and is not to be taken as indicative of overall performance.

2.3 The dashboard is a summary of the important areas from the entire Health & Wellbeing Board Outcomes Framework, which is itself based on selections from the key national performance frameworks: the Public Health Outcomes Framework; Adult Social Care Outcomes Framework; the NHS Outcomes Framework; and Every Child Matters. Priority programmes such as the Better Care Fund have also been represented in the selected indicators.

2.4 The dashboard matches the Health and Wellbeing Strategy and is structured by stages in the life course and can be seen in Appendix A. Where performance is rated as red, or there has been a significant change in performance, further analysis has been provided within the report.

3 Performance Overview

Children

- 3.1 The dashboard draws attention to a number of indicators which are performing poorly relative to the targets set. These include 'red' ratings for:
- Percentage of Uptake of Diphtheria, Tetanus and Pertussis (DTaP);
 - Percentage of Uptake of Measles, Mumps and Rubella (MMR2) Immunisation at 5 years old;
 - Annual health check Looked After Children.
- 3.2 Appendix B contains further detail on DTaP and MMR immunisation uptake for Board Members' reference. The report on performance in quarter 1 (27 September 2016, minute 38 applies) provided further detail on performance on annual health checks for looked-after children, where assurance was provided that end-of-year outturns for previous years regularly met the 90% target.
- 3.3 In addition, the number of children subject to a Child Protection Plan is rated as 'amber' It is still not possible to provide a target to 'rate' progress against for the number of children and young people accessing Tier 3/4 CAMHS services. This is due to the lack of national benchmarking information. Performance is currently broadly consistent with previous years, and Board members will note the report on CAMHS Transformation elsewhere on the agenda.
- 3.4 In terms of NCMP measures of childhood obesity (reception year and at year 6), whilst provisional data for 2015/16 has been released, the finalised data is expected to be available in late November 2016 and a full report on these figures will be made in the quarter 3 performance report when analysis has been completed.

Adolescence

- 3.5 There remains a 'red' rating for the under-18 conception rate (per 1,000 population) and its percentage change against the 1998 baseline. There is not yet any new data since the previous report to the board (see minute 38) for quarter 1, which included a more detailed analysis.
- 3.6 There is an amber rating for care leavers not in education, employment or training (NEET).

Adults

- 3.7 There remains a concern about the performance against the number of four-week smoking quitters and Health check performance also remain a concern, and Appendix B contains a revised account of actions being taken to address these performance issues.
- 3.8 New data on both Cervical and Breast Screening performance (currently rated 'amber') is expected to be available in November 2016 and will be reported in the quarter 3 report.

Older Adults

- 3.9 Amber ratings remain in place against permanent admissions of older people (aged 65 and over) to residential and nursing care homes, and the level of service provision that follows short term services. These continue to be monitored closely for their impact on financial projections in adult social care, with a full analysis of residential care admissions having recently been completed.
- 3.10 There remains positive performance in injuries due to falls for people aged 65 and over, which a Better Care Fund measure.
- 3.11 Appendix C contains a summary of the borough's benchmarked performance against the Adult Social Care Outcomes Framework. In positive terms, Board Members' attention is particularly drawn to:
- Continued good performance, relative to other boroughs, in personalisations, with high rates of self-directed support and direct payment uptake, including both service users and carers;
 - Continued positive performance around people with a learning disability living in their own home or in settled accommodation;
 - A significant proportion of people completed our Crisis Intervention service successfully, and following this did not need long term services (78.5%), placing us in the top quartile for performance.
- 3.12 Areas that remain a concern, and will continue to influence our target setting around adult social care performance, include particularly:
- The proportion of people who had as much social contact as they wanted, which fell from an already poor result in the 2014/15 adult social care users' survey, from 43.0% to 39.3%, notwithstanding that we are broadly consistent with the comparator group average (40.9%);
 - Performance on supporting people with a learning disability into paid employment, where our rate is around half the comparator group;
 - Permanent admissions to residential and nursing care, where even though the borough is no longer the topmost outlier in the comparator group, it remains in the highest performers at 14th out of the 17 councils, and well above the mean for the comparator group.

Across the Life course

- 3.13 There are a number of key indicators that apply across the life course, which include positive, or low-risk performance (and therefore a 'green' or 'amber' rating) for:
- Delayed transfers of care from hospital, which remains a significant national concern but one that is well-managed in Barking & Dagenham;
 - The number of leisure centre visits;
 - The number of children and adult referrals to healthy lifestyle programmes;
 - The percentage of people receiving care and support in the home via a direct payment.

- 3.14 The number of turned around troubled families is RAG rated 'red' as at quarter 2 and there is detail on performance of this programme included at Appendix C. This is based on progress to target set at 500 for 2016/17. As at the end of quarter 2 the number of turned around families was 219 (31 from target of 250 YTD). The DCLG is extremely positive about the TF2 programme in Barking and Dagenham and have recently confirmed that the number of turned around families (as measured by claims submitted to DCLG) is in the top quartile nationally and the highest borough in London.
- 3.15 In terms of performance of the urgent care system, figures reported to the A&E Delivery Board for October include an account of performance for the Trust overall for the **12th September to the 9th October 2016**, including the priority indicators below:
- Delayed Transfer of Care (DTC) – As of October 2016 BHRUT have reported 99 delayed transfers of care (DToc). Numbers are down 30.3 percentage points from the September figure, as a new data reporting specification continues to 'bed in'.
 - 4 hour waits - Overall performance for October was below the local trajectory target of 90.0%, with 88.1% of A&E attendances within 4 hours. This is 2.3 percentage points lower than performance in September, and 1.9 percentage points lower than the local trajectory.
 - A&E Attendances – There were 19,260 A&E attendances in October, 9.2% higher than planned (17,639). This was also 7.6% higher than the number of attendances in September. The number of these patients who are subsequently admitted also rose, with 3,256 admitted (a 1.9% rise from the previous month).
- 3.16 There is no further update on rates of unplanned hospitalisation for chronic ambulatory care sensitive conditions, which has previously been flagged as a concern.
- 3.17 Following previous discussions on performance of BHRUT on referral-to-treatment waiting times, and agreement for regular update reports to be provided, **Appendix D** contains an update on the current position provided by the Trust.

4 Adult Social Care Statutory Returns 2015-16 Benchmarking Report

- 4.1 Attached at Appendix C is an analysis of London Borough of Barking and Dagenham's Adult Social Care statutory returns for 2015-16. Performance is compared with 16 other local authorities who share similar demographic and socio-economic characteristics, and who are used in the Adult Social Care Outcomes Framework (ASCOF) to benchmark performance.
- 4.2 Key areas of success, in terms of performance, include:
- We continue to perform well in measures of the delivery of personalised services to service users and carers. In the indicators for self-directed support, for both service users and carers, we remain in the top quartiles for performance. We also rank first in the indicator for direct payments.

- The proportion of people with a learning disability who live in their own home or in settled accommodation remains high, at 88.9%, and we rank first in the comparator group.
- A significant proportion of people completed our Crisis Intervention service successfully, and following this did not need long term services (78.5%). This places us in the top quartile for performance.

4.3 There are also a few areas for improvement:

- The proportion of people who had as much social contact as they wanted fell since 2014-15, from 43.0% to 39.3%, although it remains consistent with the comparator group average (40.9%).
- Permanent admissions to residential and nursing care are still a challenge for the council. At a rate of 900.5 older people per 100,000 we remain well above the ASCOF comparator group average of 600.0, although our relative position has improved and we now rank 14th out of the 17 councils in the comparator group.
- 3.5 % of people with a learning disability who are in receipt of long term services were employed during 2015-16, which is significantly below the ASCOF group average of 6.7, placing LBBB in the bottom quartile for performance.

5 Mandatory implications

Joint Strategic Needs Assessment

5.1 The Joint Strategic Needs Assessment provides an overview of the health and care needs of the local population, against which the Health and Wellbeing Board sets its priority actions for the coming years. By ensuring regular performance monitoring, the Health and Wellbeing Board can track progress against the health priorities of the JSNA

Joint Health and Wellbeing Strategy

5.2 The Outcomes Framework, of which this report presents a subset, sets out how the Health and Wellbeing Board intends to address the health and social care priorities for the local population. The indicators chosen are grouped by the 'life course' themes of the Strategy, and reflect core priorities.

Integration

5.3 The indicators chosen include those which identify performance of the whole health and social care system, including indicators selected from the Systems Resilience Group's dashboard.

Legal

5.4 Implications completed by: Dr Paul Feild

- 5.5 The Health and Wellbeing Board is established under Section 194 of the Health and Social Care Act 2012. The primary duty of the Health and Wellbeing Board is to encourage those who arrange for the provision of health or social care services to work in an integrated manner. This is further extended to include encouraging integrated working with those who arrange for the provision of health-related services (defined as services that may influence the health of individuals but are not health services or social care services).
- 5.6 This report highlights how the various bodies have met specific targets such as the performance indicators: whether they have or have not been met in relation to the indicators for London and England and how the authority is measuring up against the national average.

Financial

- 5.7 Implications completed by: Katherine Heffernan, Group Manager, Finance
- 5.8 There are no financial implications from this report.

6 List of Appendices

- Appendix A: Performance dashboard
- Appendix B: Performance summary reports
- Appendix C: Adult Social Care Statutory Returns 2015-16 Benchmarking Report
- Appendix D: BHRUT Update on RTT Recovery